2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000001723

1. Entity Name

MARKETPLACE INVESTMENT GROUP, LTD.

Principal Place of Business	Mailing Address
1000 BRICKELL AVE., STE 920 MIAMI FL 33131	1000 BRICKELL AVE., STE 920 MIAMI FL 33131

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0779922 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAMMARCO, VINCENT T 9141 TAFT STREET PEMBROKE PINES FL 33024	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date above

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000068658	STREET ADDRESS	
NAME	MARKETPLACE INVESTMENTS, INC.		
STREET ADDRESS	1000 BRICKEL AVE., #920	CITY-ST-ZIP	U000000893102 04/23/08-80092-004 800.00
CITY-ST-ZIP	MIAMI FL 33131		
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Steven Perricone 4/8/08 (305)374-9449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #